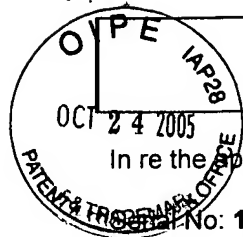


TRANSMITTAL FORM

Attorney Docket No.
P1916C/526C



In re the Application of: **Thomas E. DOWDY**

Confirmation No: **1243**

Serial No: **10/816,556**

Group Art Unit: **2676**

Filed: **April 1, 2004**

Examiner: **Rahmjoo, Manucher**

For: **Transparent Compatibility and Adaptation to Differing Format Implementations In A Computer System**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	20	20	0	\$ 50.00	\$ 0.00
Independent Claims	2	4	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT

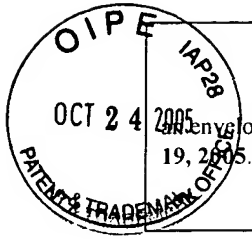
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Michele Liu, Reg. No. 44,875
Signature	/Michele Liu/ Reg. Nno. 44,875
Date	October 19, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 19, 2005	
Type or printed name	Jinny Nguyen
Signature	



CERTIFICATE OF MAIL

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **October 19, 2005**.

Jinny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: October 19, 2005

Thomas E. DOWDY

Confirmation No.: 1243

Serial No.: 10/816,556

Group Art Unit: 2676

Filed: April 1, 2004

Examiner: Rahmjoo, Manucher

For: **TRANSPARENT COMPATIBILITY AND ADAPTATION TO DIFFERING
FORMAT IMPLEMENTATIONS IN A COMPUTER SYSTEM**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**AMENDMENT AFTER FINAL OFFICE
ACTION UNDER 37 CFR 1.116**

Sir:

In response to the Final Office Action dated July 25, 2005, please amend the
above-identified application in the following manner:

Listing of claims begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.